

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015201

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0161

2 0162

3

4 0

5 2

6

7 0

8 0

9 4200

10

11

12 86-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY **Cape Girardeau**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Jackson Mo.**

Length of stay in 1b
3 yr

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Deal Nursing Home**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY **Cape**

c. CITY OR TOWN **Cape Girardeau Mo.** Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) **Jefferson St.** Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Jack Carter Clubb

4. DATE OF DEATH
Month Day Year
May 9 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-29-1889

9. AGE (last birthday)

73

IF UNDER 1 YEAR IF UNDER 24 HR
Month Days Hours Min.
11 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Foreman Cement Plant

10b. KIND OF BUSINESS OR INDUSTRY
Marquette Co

11. BIRTHPLACE (City and state or country)
Cape Girardeau Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A

13a. FATHER'S NAME

Jim Clubb

13b. MOTHER'S MAIDEN NAME

Maty Williams

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no no

16. SOCIAL SECURITY NO.

17. INFORMANT

G.W. Clubb Cape Gir Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH
3 years

DUE TO (b)

Arteriosclerosis, generalized

5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1950** to **May 9, 1963** and last saw her/him alive on **May 9, 1963**
Death occurred at **6:30 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward D. Campbell

M.D.

22b. ADDRESS

Cape Girardeau, Missouri

22c. DATE SIGNED

5-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial 5-12-1963 Memorial Park Cape Gir Mo.

25. DATE RECD. BY LOCAL REG.

5-11-63

26. REGISTRAR'S SIGNATURE

James K. Carter

USE BLACK INK

OR TYPEWRITER RIBBON

MAY 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Neil H. Grosshender

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Taken to Dr. Campbell 5-10-63